SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	SSDAgent Addressee	
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) Davio Turnos	C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from it if YES, enter delivery address be		
JAMES MASCARO			
7539 WE JEM CIRCLE	<u> </u>		
HERRIMAN, UTAH 84096	3. Service Type Certified Mail Express N Registered Insured Mail C.O.D.	Mail aceipt for Merchandise	
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label) 7005 257	0 0000 4801 7338		
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540	
		·	
	POSTAL SERVICE		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
LETTER I	Jar: Please print your name DATED 7/21/2008 ESSATION ORDER 07-01-03 MINE, S/049/065	, address, and ZIP-	-4 in this box •

VICKIE SOUTHWICK DIVISON OF OIL OF GAS AND MINING 1594 NORTH TEMPLE SUITE 1210 SALT LAKE CITY UTHA 84114

Natabaha Hadhillaa Haadhabbhala Habababala